MAINE STATE BOARD OF NURSING

158 State House Station • Augusta, ME 04333-0158
Phone (207) 287-1133 Fax (207) 287-1149 TDD (207) 287-1151

APPLICATION FOR EXAMINATION AND LICENSE AS A REGISTERED PROFESSIONAL NURSE

DO NOT WRITE IN THIS SPACE

Application Received _____

Fee: Cash _____ Check _____ MO _____

Receipt # _____

Examination Date _____

Re-examination Date(s) _____

License Date _____

LICENSE NUMBER _____

Application approved by Board of Nursing:

_____
Chair

_____
Executive Director

_____
Date

INSTRUCTIONS. An applicant for the registered nurse examination and license must submit to the office of the Board of Nursing at least 30 days before the scheduled date of the licensure examination the following:

1. application form completed in ink or typewritten and properly notarized with signature in applicant's handwriting, and
2. required fee of $75.00 in the form of a check or money order, made payable to the Treasurer of State of Maine, and
3. recent passport type photograph (not more than two years old), signed and dated and enclosed with application form as indicated.

THE APPLICATION FEE IS NOT REFUNDABLE

SECTION I. PROFILE INFORMATION

Print legal name _____
(first) (middle) (maiden) (last)

List any other names used previously _____

Residential address _____
(street and number or route)

_____
(city) (county) (state and zip code)

Mailing address (if different from above) _____

_____

Telephone Number _____ Social Security Number _____

Birthplace _____ Date of Birth _____
(city/state) (month/day/year)

High School _____
(name and location)

Date of Graduation _____ G.E.D. ❑ Yes ❑ No Date of G.E.D. Diploma _____

SECTION II. BASIC NURSING EDUCATION

School of Nursing _____
(name)

_____
(address)

Date of Entrance _____ Date of Graduation _____ Length of Program _____

Diploma Associate Baccalaureate Masters

Have you ever been licensed as a practical nurse? ❑ Yes ❑ No

If yes, indicate state(s), date(s), of licensure and license number(s).

_____

_____

SECTION III. TO BE COMPLETED BY ADMINISTRATIVE OFFICER OF SCHOOL OF NURSING

I hereby certify that _____
(applicant's name)

_____
(applicant's address)

successfully completed the prescribed nursing education program in the

_____
(name of school)

on _____
(month/day/year)

_____
(signature)

_____
(title)

SCHOOL SEAL

_____
(name of school)

SECTION IV. EXAMINATION HISTORY

Have you ever taken an examination for registered nurse licensure?

❑ Yes If yes, indicate state(s) and date(s).

❑ No

_____

_____

_____

SECTION V. RESIDENCE INFORMATION

What state (or country if you are not from the U.S.) do you claim as your legal residence?

_____

SECTION VI. OTHER INFORMATION

Have you ever been convicted of a crime other than minor traffic violations?

❑ Yes (If yes, describe the nature of the crime including its disposition. You are required to submit copies of all relevant court records.)

❑ No

THIS FORM MUST BE NOTARIZED

TAPE TOP ONLY
one recent photograph

Sign back of photo and indicate year taken

Photo must be:

Full face view

Passport type

Clear and recognizable likeness

I, the undersigned, being duly sworn, say that I am the person referred to in this application for licensure in the State of Maine, that the statements contained herein and on all attachments are true and correct in every respect, that I have complied with all requirements of the law, and that I have read and understand this affidavit.

Signature of Applicant _____

Sworn to before me this _____ day of _____, 20 _____.

(SEAL) Notary Public _____

My commission expires _____ in and for the State of _____

STATE OF MAINE
BOARD OF NURSING
158 STATE HOUSE STATION
AUGUSTA, MAINE
04333-0158

JOHN ELIAS BALDACCI
GOVERNOR

MYRA A. BROADWAY, J.D., M.S., R.N.
EXECUTIVE DIRECTOR

DECLARATION OF PRIMARY STATE OF RESIDENCE

Name:_____ **Social Security Number**_____

Permanent/Residential Address:

_____
(Apartment #, RR#, Street)

_____
(City, State, and Zip Code)

Mailing address: (If same as above check here _____)

_____
(PO Box, Apartment #, RR#, Street)

_____
(City, State, and Zip Code)

Telephone Number_____ **Email address:**_____

( ) Yes ( ) No Are you currently employed in the U.S. Military (Active Duty) or the U.S. Federal Government?

In accordance with Chapter 11 Regulations Relating to the Nurse Licensure Compact Part II, 2.a. of the Nurse Licensure Compact Rules and Regulations, I declare that the State of_____is my primary state of residence and is my legal state of residence.

I affirm that the contents of this document are true and correct to the best of my knowledge and belief. Providing false or misleading information may result in disciplinary action by the Board.

_____ _____
(Signature) **(Date)**

_____
(Print Name)